

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026047

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

450

FILED AUG 13 1962

1. PLACE OF DEATH

a. COUNTY Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)

Columbia

Length of stay in 1b

life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

1406 Hickory

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY Boone

admission)

c. CITY OR TOWN

Columbia

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

1406 Hickory

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Volney

Middle

Brooklin

Last

Noel

4. DATE OF DEATH

Month

8

Day

6

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3/17/78

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Boone County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Frank Noel

13b. MOTHER'S MAIDEN NAME

Vicky Quick

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Floyd Noel Columbia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Shotgun wound of abdomen, self-inflicted

INTERVAL BETWEEN ONSET AND DEATH

Immed.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

8-6-62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

20f. CITY, TOWN, OR LOCATION

Columbia Boone

COUNTY

STATE

Mo

21. I attended the deceased from _____ and last saw her alive on _____

Death occurred at _____ ca. 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Richard E. Johnson M.D.

22b. ADDRESS

Columbia, Mo.

22c. DATE SIGNED

8-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8/9/1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery Columbia, Mo.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lyman Sprinkle Columbia, Mo.

25. DATE RECD. BY LOCAL REG.

Aug 9, 1962

26. REGISTRAR'S SIGNATURE

Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

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VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard G. Reeves

Licensed Embalmer No. 5109

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.